

ADOLESCENT FAMILY LIFE (AFL)  
CARE PROGRAMS  
CORE EVALUATION INSTRUMENT  
USER GUIDE

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# **AFL Care Core Evaluation Overview**

The AFL care core evaluation instrument was developed for use by care demonstration projects funded by the AFL program that is administered by the Office of Population Affairs (OPA). The AFL program was enacted in 1981 as Title XX of the Public Health Service Act. Care demonstration projects are designed to provide medical, social and education services to ameliorate the consequences of adolescent childbearing, focusing on adolescent mothers, their infants and other family members.

AFL Care demonstration projects are conducted in a wide variety of sites, including schools, social service agencies, health departments and hospitals that target primarily adolescents 17 years of age and under. AFL demonstration projects stress the importance of family and parent involvement in the delivery of funded services for adolescents.

These instruments have been developed for a number of reasons, first among them, the repeated requests by AFL grantees and evaluators to do so. Additionally, because the evaluations of AFL demonstration projects are conducted independently, the data collected from one project to another vary and the Office of Adolescent Pregnancy Programs (OAPP) has no way to track performance of the program, as a whole, on a number of indicators that are particularly relevant in terms of the purpose of the Title XX statute and responsiveness to Department of Health and Human Services (DHHS) and OAPP priorities. As the core instruments are integrated into individual project evaluations, OAPP will be better able to monitor the direction and progress of the program and direct future funding resources to approaches that have demonstrated effectiveness, as well as track the performance measures that have been developed in response to recommendations from the Office of Management and Budget's recent evaluation of the program.

## **AFL Care Questionnaires**

All AFL Care demonstration projects funded in fiscal year 2005 and beyond will be required to use this core evaluation instrument. Sites also may add additional questions if they choose. Projects funded prior to fiscal year 2005 will be encouraged to use the core instrument in their evaluations, but it will not be required.

There are two versions of the baseline AFL care core evaluation instrument, one for adolescents who enter the AFL project after their infant's birth and one for adolescents who enter while still pregnant. The follow-up instrument is the same for both categories of entry into the project and was designed to detect changes over time.

## Overview of questions

### Core Baseline Questionnaire for Parenting Clients

This version of the core evaluation instrument covers, in addition to basic demographic information: pregnancy outcome and reproductive health status for the adolescent mother; infant health status and care arrangements; the young father's involvement; the adolescent mother's goals, parenting practices and attitudes; and her future plans for education and career.

Questions 1 through 11 collect data on age, marital status, race/ethnicity, current living arrangements, education status, and sources of financial support. Program interventions are likely to vary, as are their impacts, depending on the age of the adolescent mother and, in some cases, her race/ethnicity. In seeking to ameliorate the consequences of adolescent pregnancy and parenthood, the AFL program places great emphasis on helping Care demonstration project clients build a stable family life for themselves and their infants. Thus, questions on marital status, living arrangements, education, employment, and sources of financial support are included to determine client position, as well as any progress, on these indicators of stability and productivity.

Questions 12 through 18 collect data on pregnancy outcome and infant health. These data are of considerable interest to the OPA, as preterm delivery, birth weight, access to pediatric care, and duration of breastfeeding are all important indicators of infant health status; healthy infants are a major goal of the AFL program.

Questions 19 through 23 collect data on the infant's living and care arrangements, as well as interactions between infant and mother. These social data provide additional information on infant well-being.

Questions 24 through 27 collect data on the young father's involvement in the life of the adolescent mother and the infant. Family is an important consideration in the AFL statute and program; these data will provide some information to assess the extent to which adolescent parents are able to build a supportive environment for their infant.

Questions 28 through 42 collect data on the adolescent mother's goals, relationships, and feelings about parenting. AFL Care demonstration projects, in their efforts to ameliorate the negative consequences of adolescent childbearing, work with young mothers to help them develop forward looking goals and positive relationships with peers, family and their infants. Postponing a repeat pregnancy, continuing with their education, developing constructive attitudes and competence with respect to parenting, and having positive relationships with friends and family are among the factors important to building a stable future for adolescent mothers.

Questions 43 through 46 collect data on current sexual activity, contraceptive use and reproductive health care. Postponing a repeat pregnancy and access to appropriate reproductive

health care are core goals for AFL Care demonstration projects; these data enable project evaluations to assess the success of interventions in achieving those goals.

### **Core Baseline Questionnaire for Pregnant Clients**

This version of the core instrument includes, with the exception of the questions about the infant and parenting, the same items as the version discussed above.

### **Core Follow-up Questionnaire for All Clients**

This instrument seeks to collect information on attitudes, beliefs and behaviors at both baseline and follow-up, and consequently it repeats all of the same questions as the Core Baseline Questionnaire for Parenting Clients.

## **Administration**

Project staff or a project evaluator will administer the baseline core instrument at intake and the follow-up core instrument at 12-months, or at program completion, whichever comes first. Completion of the questionnaires will be voluntary; project clients will be informed that they may refuse to answer any or all of the questions. The instruments are designed to be age-appropriate for clients ages 12-19 with low-literacy levels, and to be administered as pencil-and-paper surveys. Although the surveys are intended to be self-administered, program personnel may also administer them if respondents find the questionnaire too difficult to read.

The respondents should be provided a quiet private area in which to complete the questionnaire. A staff person who is knowledgeable about the questionnaire and administration procedures should be nearby and available to answer any question respondents may have. This includes reading the questions to the respondent, should they request it.

Once the survey is completed it should be immediately placed in the secure area designated by the site IRB and HIPAA procedures. The staff person who oversees the administration of the questionnaire should check with the client to see if they have any questions, or if they need to discuss any feeling or issues brought up by completing the questionnaire.

## **Consent**

Prior to administering the instrument to any clients, the program must obtain active consent from the client to participate in the questionnaire. Additionally, clients under the age of 18 must have the consent of a parent or legal guardian to participate in the questionnaire. To this end, all respondents must read (or have read to them) and sign an IRB approved consent form. Sample consent forms that contain all of the OAPP required information is contained in Appendix A (for clients) and Appendix B (for parents of clients under the age of 18). The appended consent

forms represent the minimum protections required. Local IRBs may choose to add additional language and protections.

If local evaluators choose to use this questionnaire with control/comparison groups, they are required to obtain consent from all of the parties discussed above using the same protocols.

## **Incentives**

OAPP authorizes AFL Care programs to offer non-cash incentives (e.g., gift cards, incentives) of a value of up to \$10.00 to each program participant who participates in filing out the core questionnaires. The incentives are to be offered at both baseline and follow-up data collection. OAPP will consider this an approved use of grant funds. If a program's local IRB determines that incentives are not to be offered, OAPP will defer to the local IRB's determination.

## **Questionnaire question-by-question specifications**

The following section provides question by question (QxQs) clarification on the meaning and intent of each of the survey questions. This will allow program service providers to accurately respond to any queries that respondents have regarding how they should answer particular questions. The version of the instrument used for the QxQs is the baseline data collection instrument for parenting clients. This instrument contains all of the questions present across all three instruments. Although the item numbers may vary between the baseline instruments, the specifications remain the same. There are several questions for which clarification does not seem and necessary; therefore none is provided.

1. Client ID:						
---------------	--	--	--	--	--	--

3. Entry Date:						
----------------	--	--	--	--	--	--

Q1. The site should create a unique ID for each client that does not directly identify the client. This ID should be maintained in the client's protected confidential file, so that they can be matched for baseline and follow-up data collection. The site IRB and HIPAA privacy board will need to determine additional site-specific confidentiality protections.

2. Site Number:						
-----------------	--	--	--	--	--	--

Q2. The site ID number will be provided by OPA, OAPP AFL Grantee Project Officer.

Q3. Enter as MM, DD, YY

**If the respondent has more than one child,  
all questions refer to their most recent child.**

## AFL CARE PROGRAM SURVEY

### Demographics

1. Age (in years only):

Q1. Round to the nearest whole year. Do not use fractions or decimals.

2. What is your marital status?

CHECK **ONE** RESPONSE

- Single, never married ..... ☐<sub>1</sub>  
 Married ..... ☐<sub>2</sub>  
 Separated or divorced ..... ☐<sub>3</sub>  
 Widowed ..... ☐<sub>4</sub>  
 Other ..... ☐<sub>5</sub>

Q2. Select only the most recent event, e.g., was divorced, but has since remarried = married.

3. What are your current living arrangements?

CHECK YES OR NO FOR EACH

	Yes	No
a. Alone .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. With spouse .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. With own mother (include stepmother) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. With own father (include stepfather) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. With baby's father .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. With baby's father's mother .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. With baby's father's father .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. With partner .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. With other relatives .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. With friends .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k. In a group home/institution.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
l. In a foster home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
m. Other .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Q3. Select all that apply. There is no minimum time that the respondent has to reside in the various situations for any given selection.

4. Are you Hispanic or Latino?

- Yes ..... ☐<sub>1</sub>  
 No ..... ☐<sub>2</sub>

Q4. Respondents are often confused by the sequencing of this and the following questions. Ask the respondents to answer them as best they can – as separate questions.



5. What is your race?

CHECK **ALL** THAT APPLY

- White ..... ☐ <sub>1</sub>  
Black ..... ☐ <sub>2</sub>  
Asian ..... ☐ <sub>3</sub>  
Native Hawaiian or Other Pacific Islander ..... ☐ <sub>4</sub>  
American Indian ..... ☐ <sub>5</sub>

Q5. Any and all combinations of categories can be chosen

6. What is your current school status?

CHECK **ONE** RESPONSE

- In school or GED program ..... ☐ <sub>1</sub>  
Graduated from high school or completed GED ..... ☐ <sub>2</sub>  
Dropped out of school ..... ☐ <sub>3</sub>  
Other ..... ☐ <sub>4</sub>

Q6. Select only the most recent event, e.g., dropped out of school, but planning on beginning GED program = dropped out of school.

7. What is the highest grade you completed:

CHECK **ONE** RESPONSE

- 8<sup>th</sup> grade or below ..... ☐ <sub>1</sub>  
9<sup>th</sup> grade ..... ☐ <sub>2</sub>  
10<sup>th</sup> grade ..... ☐ <sub>3</sub>  
11<sup>th</sup> grade ..... ☐ <sub>4</sub>  
12<sup>th</sup> grade ..... ☐ <sub>5</sub>  
Some college ..... ☐ <sub>6</sub>  
College degree or more ..... ☐ <sub>7</sub>  
Don't know ..... ☐ <sub>97</sub>

Q7. Select the grade actually completed, not the grade they are about to complete.

8. Have you ever been in a job training program?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub> → **SKIP TO QUESTION 9**

8a. Did you ever complete a job training program?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub>

Currently attending job training program..... ☐<sub>3</sub>

Q8. & Q8a.  
Respondents  
can answer  
yes to Q8.  
and indicate  
that they are  
also currently  
attending a  
job training  
program.

9. How many hours do you work per week?

Hours per week (Enter 00 if not employed)

Q9. Use a numeric  
answer -- not text,  
e.g., do not write  
“part-time”.

10. What is your main source of financial support?

CHECK **ONE** RESPONSE

Own job ..... ☐<sub>1</sub>

Spouse or partner ..... ☐<sub>2</sub>

Parents ..... ☐<sub>3</sub>

Public assistance ..... ☐<sub>4</sub>

Other relatives ..... ☐<sub>5</sub>

Other ..... ☐<sub>6</sub>

Q10. Choose the  
largest single source,  
even if it does not  
provide >50% total  
income.

11. Do you receive money or assistance from any of the following sources?

CHECK YES OR NO FOR EACH

	Yes	No
a. Medicaid.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Food stamps .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. WIC .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. TANF .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Social Security .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Unemployment or Workers' Compensation .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. General Assistance or other aid .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. Child support.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. Own job .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. Spouse or partner .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k. Parent(s) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
l. Other .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Q11. Yes or no  
should be  
selected for each  
of the categories.

Some  
respondents are  
confused by the  
term TANF.  
There may be a  
need to explain  
this term if they  
unfamiliar with  
it.

### About Your Pregnancy...

These next questions are about your pregnancy.

12. An early delivery is one that occurs at 36 weeks or earlier in pregnancy. As far as you know, did you have an early delivery?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>  
Don't know ..... ☐<sub>97</sub>

13. How did you deliver your baby?

Vaginal delivery ..... ☐<sub>1</sub>  
Cesarean delivery ..... ☐<sub>2</sub>

### About Your Child...

These next questions are about your child.

14. How much did your child weigh at birth?

5½ pounds or more ..... ☐<sub>1</sub>  
Less than 5½ pounds ..... ☐<sub>2</sub>  
Don't know ..... ☐<sub>97</sub>

15. Since your child was born, about how many times has your child been seen by a doctor, nurse, or other health care professional for a regular check up or “well-baby” visit? This is a visit to the doctor when your child is not sick, but to get checked out or to get vaccinations.

Never ..... ☐<sub>1</sub>    ➡ **SKIP TO QUESTION 17**  
1-3 times ..... ☐<sub>2</sub>  
4 or more times ..... ☐<sub>3</sub>  
Don't know ..... ☐<sub>97</sub>

Q15. If respondents are unsure about the type of visit, please clarify that this is not a health event based physician visit.

16. When was your child's last "well baby" visit?

CHOOSE THE **MOST** RECENT

Within the past 3 months ..... ☐<sub>1</sub>

Within the past 6 months ..... ☐<sub>2</sub>

Within the past 12 months ..... ☐<sub>3</sub>

More than a year ago ..... ☐<sub>4</sub>

Don't know ..... ☐<sub>97</sub>

Q16. Here again, if respondents are unsure about the type of visit, please clarify that this is not a health event based physician visit.

17. Is your child currently 3 months in age or older?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub>

➔ **SKIP TO QUESTION 18**

Q17. To answer "yes" the child needs to be at least 3 months old, as opposed to nearly 3 months old.

17a. Please tell me if your child has had any of the following vaccinations/shots:

CHECK YES OR NO FOR EACH

Q17a. Yes, no or don't know should be selected for each of the categories.

	Yes	No	Don't know
D-T-P, D-T-A-P, or D-T shot, sometimes called a D-P-T shot, diptheria-tetanus-pertussis shot, baby shot or three in one shot	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>97</sub>
Polio vaccine –sometimes called I-P-V.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>97</sub>
H-I-B shot (this for Meningitis)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>97</sub>
Hepatitis B shot	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>97</sub>

18. Did you breastfeed your baby at all?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub>

➔ **SKIP TO QUESTION 19**

Q18. This includes any breastfeeding, even if it was only for a very short time after birth.

18a. How old was your child when you stopped breastfeeding your child altogether?

- Still breastfeeding ..... ☐<sub>1</sub>  
Less than 1-month old ..... ☐<sub>2</sub>  
1-month old to 2-months old ..... ☐<sub>3</sub>  
3-months old or more ..... ☐<sub>4</sub>

19. Does your child live with you?

- Yes ..... ☐<sub>1</sub>  
Sometimes ..... ☐<sub>2</sub>  
No ..... ☐<sub>3</sub>

→ **SKIP TO QUESTION 20**

Q19. This question refers to the current living situation.

19a. Where does your baby live now?

- With the baby's father ..... ☐<sub>1</sub>  
With other relatives ..... ☐<sub>2</sub>  
With adoptive family ..... ☐<sub>3</sub>  
Other ..... ☐<sub>4</sub>  
Don't know ..... ☐<sub>97</sub>

Q19a. This question only applies if the child does not reside with the respondent at all.

→ **SKIP TO QUESTION 24**

20. In the past four weeks has your child been cared for in any regular arrangement such as a day care, nursery school, play group, babysitter, after school care, relative, or some other child care arrangement? ("Regular" means at least once a week for a month or more.)

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub> → **SKIP TO QUESTION 23**

Q20. "Cared for" refers to one or more hours of care because the respondent could not/did not provide care for the child (for any reason).

21. Who or what has been the primary childcare provider in the past four weeks?

CHECK ONE RESPONSE

- Child's other parent/stepparent..... ☐ <sub>1</sub>
- Your brother/sister 13 years or older ..... ☐ <sub>2</sub>
- Your brother/sister under 13 years old..... ☐ <sub>3</sub>
- Child's grandparent..... ☐ <sub>4</sub>
- Other relative..... ☐ <sub>5</sub>
- Non-relative or babysitter ..... ☐ <sub>6</sub>
- Day care center..... ☐ <sub>7</sub>
- Nursery/preschool..... ☐ <sub>8</sub>
- Family day care ..... ☐ <sub>9</sub>
- This program..... ☐ <sub>10</sub>
- Other ..... ☐ <sub>11</sub>

Q21. Choose the largest single source of childcare, even if it does not provide >50% total childcare.

22. How many hours a week is your child in childcare, including all the different arrangements that you use?

Hours

Don't know ..... ☐ <sub>97</sub>

Q22. Use a numeric answer -- not text, e.g., do not write "about a week".

Q23. This question does not require any minimum duration of time per day for any of these activities.

23. On how many days per week do you do the following things with your child?

CHECK ONE RESPONSE FOR EACH ACTIVITY

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. Play games like “peek-a-boo” or “gotcha”	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b. Sing songs or nursery rhymes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c. Read stories	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
d. Tell stories	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
e. Play with toys such as blocks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
f. Visit relatives	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
g. Hug or show physical attention	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
h. Put (him/her) to bed	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

## ABOUT YOUR BABY'S FATHER...

These next questions are about your baby's father.

24. On how many days per week does your child's father do the following things with your child?

CHECK ONE RESPONSE FOR EACH ACTIVITY

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days	Don't know
a. Play games like "peek-a-boo" or "gotcha"	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
b. Sing songs or nursery rhymes	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
c. Read stories	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
d. Tell stories	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
e. Play with toys such as blocks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
f. Visit relatives	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
g. Hug or show physical attention	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>
h. Put (him/her) to bed	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>97</sub>

Q24. Question does require any minimum duration of time per day for any of these activities.

25. Are you married to your baby's father?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub>

→ SKIP TO QUESTION 30

Q25 - Q29. These questions refer to the father of the respondent's most recent child.

26. Do you plan to marry him?

Yes ..... ☐<sub>1</sub>

No ..... ☐<sub>2</sub>

Don't know ..... ☐<sub>97</sub>



27. Do you and he have a legal agreement regarding child support, alimony, custody, visitation, or where the child lives?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>

28. Does he give you money, buy clothes for the baby, pay for doctor visits, or provide other kinds of support?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>

29. Does he help you in other ways, such as watching the baby or helping with the chores?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>

#### ABOUT YOUR RELATIONSHIPS, YOUR GOALS, AND FEELINGS ON PARENTING

These next questions are about your relationships with other people, your goals and your feelings about parenting.

30. Looking to the future, do you want to have another baby sometime before finishing high school?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>  
Already finished..... ☐<sub>3</sub>  
Don't know ..... ☐<sub>97</sub>

Q.30 If the respondent has left school without graduating, but plans to return, they should answer as though they are in still school. If they left school without graduating, but do not plan to return they should indicate "already finished".

31. Looking to the future, do you want to have another baby sometime before marriage?

Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>  
Already married ..... ☐<sub>3</sub>  
Don't know ..... ☐<sub>97</sub>

Q.31 If the respondent does not have any intentions to ever marry, they should answer from the frame of reference of "before marriage". If they are not certain about their intentions to marry, they should choose "don't know".

FOR EACH OF THE FOLLOWING QUESTIONS CHECK ONLY **ONE** RESPONSE

32. How much do you agree with the following statement? It is better for a person to get married than to go through life being single.

Strongly agree ..... ☐<sub>1</sub>  
Agree ..... ☐<sub>2</sub>  
Neither agree nor disagree ..... ☐<sub>3</sub>  
Disagree ..... ☐<sub>4</sub>  
Strongly disagree ..... ☐<sub>5</sub>  
Don't know ..... ☐<sub>7</sub>

Q32. This question does not necessarily refer only to how the respondents feel about themselves, rather refers people in general.

How much do the following statements apply to you?

33. In the last month, I have felt trapped by my responsibilities as a parent.

Strongly agree ..... ☐<sub>1</sub>  
Somewhat agree ..... ☐<sub>2</sub>  
Neither agree nor disagree ..... ☐<sub>3</sub>  
Somewhat disagree ..... ☐<sub>4</sub>  
Strongly disagree ..... ☐<sub>5</sub>

Q33 – Q36. If the respondents do not have any access to, or contact with, their children and are confused as to how to answer these questions, they should choose “neither agree or disagree”.

34. I consider being a parent a good thing in my life...

Strongly agree ..... ☐<sub>1</sub>  
Somewhat agree ..... ☐<sub>2</sub>  
Neither agree nor disagree ..... ☐<sub>3</sub>  
Somewhat disagree ..... ☐<sub>4</sub>  
Strongly disagree ..... ☐<sub>5</sub>

35. I find that taking care of my child(ren) is much more work than pleasure.

Strongly agree ..... ☐<sub>1</sub>  
Somewhat agree ..... ☐<sub>2</sub>  
Neither agree nor disagree ..... ☐<sub>3</sub>  
Somewhat disagree ..... ☐<sub>4</sub>  
Strongly disagree ..... ☐<sub>5</sub>

36. I enjoy spending time with my child(ren)...

- Strongly agree ..... ☐<sub>1</sub>  
Somewhat agree ..... ☐<sub>2</sub>  
Neither agree nor disagree ..... ☐<sub>3</sub>  
Somewhat disagree ..... ☐<sub>4</sub>  
Strongly disagree ..... ☐<sub>5</sub>

37. How often do you talk to your mother or father about your problems? Or how often do you talk to an adult in the household about your problems?

- Almost never ..... ☐<sub>1</sub>  
Some of the time ..... ☐<sub>2</sub>  
Usually ..... ☐<sub>3</sub>  
Almost always ..... ☐<sub>4</sub>

Q37. This question can refer to any adults (individuals over the age of 18), including siblings, spouse, boy/girlfriend or roommate.

38. How much do you stay away from people who might get you into trouble?

- Almost never ..... ☐<sub>1</sub>  
Some of the time ..... ☐<sub>2</sub>  
Usually ..... ☐<sub>3</sub>  
Almost always ..... ☐<sub>4</sub>

Q38. This question refers to purposefully avoiding contact with individuals who are a negative influence on the respondent's life.

Please answer the following statements as they apply to you.

39. You think you should work to get something, if you really want it.

- Not at all like you..... ☐<sub>1</sub>  
A little like you ..... ☐<sub>2</sub>  
Mostly like you..... ☐<sub>3</sub>  
Very much like you..... ☐<sub>4</sub>

Q39 & 40. These questions refer to how respondents think of themselves, as opposed to people in general.

40. You make decisions to help you achieve your goals.

- Not at all like you..... ☐<sub>1</sub>  
A little like you ..... ☐<sub>2</sub>  
Mostly like you..... ☐<sub>3</sub>  
Very much like you..... ☐<sub>4</sub>

41. I believe that putting a child up for adoption is a good thing for a young woman to do if she feels she is unable to keep and raise the child herself.

Not at all like you..... ☐<sub>1</sub>  
 A little like you ..... ☐<sub>2</sub>  
 Mostly like you..... ☐<sub>3</sub>  
 Very much like you..... ☐<sub>4</sub>  
 Don't know ..... ☐<sub>97</sub>

Q41. This question does not necessarily refer only to how the respondents feel about themselves, but rather refers to people in general.

#### ABOUT YOUR FUTURE...

Thinking of the future, please answer the following questions:

42. How important is it to you to graduate high school, vocational or trade school?

Not important at all ..... ☐<sub>1</sub>  
 Somewhat important ..... ☐<sub>2</sub>  
 Very important..... ☐<sub>3</sub>  
 Extremely important ..... ☐<sub>4</sub>  
 Already graduated..... ☐<sub>5</sub>

Q42 - Q44. These questions refer to how the respondents think of themselves, as opposed to people in general.

43. On a scale of 1 to 5, where 1 is low and 5 is high, how much do you want to get more education or training such as college, vocational school or a nursing or a teaching certification?

Low				High	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>97</sub>

44. On a scale of 1 to 5, where 1 is low and 5 is high, how important is it for you to get training to get the kind of job you want?

Low				High	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>97</sub>

## ABOUT YOUR HEALTH AND HEALTHCARE...

These next questions are about your health and healthcare.

45. Are you pregnant now?

- Yes ..... ☐<sub>1</sub>  
No ..... ☐<sub>2</sub>  
Don't know ..... ☐<sub>97</sub>

46. What is your current form of birth control or protection from sexually transmitted diseases?

CHECK **ALL** THAT APPLY

- No method used..... ☐<sub>1</sub>
- Abstinence ..... ☐<sub>2</sub>
- Birth control pills ..... ☐<sub>3</sub>
- Condom..... ☐<sub>4</sub>
- Partner's vasectomy..... ☐<sub>5</sub>
- Sterilizing operation/tubal ligation ..... ☐<sub>6</sub>
- Withdrawal, pulling out..... ☐<sub>7</sub>
- Depo-Provera, injectables ..... ☐<sub>8</sub>
- Norplant..... ☐<sub>9</sub>
- Rhythm or safe period by calendar..... ☐<sub>10</sub>
- Safe period by temperature or cervical mucus test,  
natural family planning ..... ☐<sub>11</sub>
- Diaphragm..... ☐<sub>12</sub>
- Female condom, vaginal pouch ..... ☐<sub>13</sub>
- Foam ..... ☐<sub>14</sub>
- Jelly or cream..... ☐<sub>15</sub>
- Cervical cap ..... ☐<sub>16</sub>
- Suppository ..... ☐<sub>17</sub>
- Today Sponge ..... ☐<sub>18</sub>
- IUD, coil, loop..... ☐<sub>19</sub>
- "Morning after" pills or emergency contraception ..... ☐<sub>20</sub>
- Other method ..... ☐<sub>21</sub>
- Respondent sterile ..... ☐<sub>22</sub>
- Respondent's partner sterile ..... ☐<sub>23</sub>
- Lunelle injectable (monthly shot) ..... ☐<sub>24</sub>
- Contraceptive patch ..... ☐<sub>25</sub>

➔ **SKIP TO QUESTION 48**

Q46. If respondents do not consider themselves sexually active, they should choose "abstinence".

47. How would you describe your relationship with your current sexual partner?

- Married to him ..... ☐<sub>1</sub>  
 Engaged to him ..... ☐<sub>2</sub>  
 Living together in a sexual relationship,  
 but not engaged ..... ☐<sub>3</sub>  
 Going with him or going steady..... ☐<sub>4</sub>  
 Just friends ..... ☐<sub>5</sub>  
 Just met him..... ☐<sub>6</sub>  
 Something else ..... ☐<sub>7</sub>  
 Don't know ..... ☐<sub>97</sub>

48. In the past 12 months, have you received...

	Yes	No
a. a pregnancy test?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. an abortion?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. a pap smear?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. a pelvic exam?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. prenatal care?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. post-pregnancy care?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. counseling for, or been tested or treated for a sexually transmitted disease?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Q48. Yes or no should be selected for each of the categories.

**Thank you for participating in this survey!**

# **Data Security and Human Subjects Approval Guidelines**

All AFL Care sites must submit the questionnaire to their site IRB (and HIPAA Privacy Board if the site is a Covered Entity) prior to initiating data collection. The questionnaire data are to be treated as confidential and maintained in a manner that satisfies the confidentiality requirements set forth by their site IRB (and HIPAA Privacy Board if the site is a Covered Entity). To facilitate confidentiality protections, none of the 18 HIPAA designated identifying data elements are collected on the instruments.

Any and all transmission of case level data must also be done in accordance with confidentiality requirements set forth by their site IRB (and HIPAA Privacy Board if the site is a Covered Entity).

## **Analysis of AFL Core Questionnaire Data**

These instruments are designed to meet several research needs. They will allow comparisons of aggregate data across all AFL Care sites, as well as comparisons of clients' attitudes, knowledge and behavioral intentions against those collected and reported through other national studies. While the comparisons will be limited in scope because the samples are drawn in different ways, the information gleaned will be valuable for the AFL Care service providers. Analysis of the data for required independent evaluation of each project will vary, and be determined, by the individual grantees and their evaluators.

## **Initial anticipated data requests from OAPP**

The OPA will require AFL Care demonstration projects to provide tabulations of data on basic demographics and selected questions in the core evaluation instrument in their end-of-year reports. These aggregate data will be used to track progress on the performance measures currently being developed by the OPA in response to OMB's recommendation.

## **Crosswalks and comparisons to other national datasets**

Many AFL Care grantees struggle to find the resources and expertise to support rigorous evaluations that incorporate random assignment or quasi-experimental comparison group designs. As noted by Carley et al. (2000) it is important that AFL Care grantee evaluations "do more than merely compare clients' status after participation in the program with their status prior to participation" (p. 3). Evaluations, in general, and those of programs working with adolescents, in particular, require a good comparison group. Absent this group, it is impossible

to tell whether changes in clients are attributable to program participation or other factors (e.g., maturation).

One technique for minimizing the costs and burdens associated with establishing a control group (i.e., random assignment) or identifying a local comparison group, is to examine program data in light of national survey statistics or norms. Although this approach has its own weaknesses (e.g., local population characteristics and norms may not correspond to characteristics found in a national database), it can strengthen evaluation designs, such as the pre-post designs with the same participant groups that are found in many AFL Care grantee evaluations (Carley et al., 2000). For example, although solely descriptive in nature, sites can compare attitudes, knowledge and behavioral intentions on key factors such as risk-taking behaviors pre and post program services.

For these reasons, most items in the core evaluation instrument have been drawn from large national surveys that have been successfully administered to youth across the country for many years. Additionally, the instruments were pilot tested at an AFL Care Grantee site to ensure that the questions in the instrument are understood by the respondents. The other national instruments from which most questions were drawn are:

- The National Survey of Family Growth (NSFG)
- The National Longitudinal Survey of Adolescent Health (Add Health)
- Youth Asset Survey (YAS)
- National Immunization Survey (NIS)
- The Fragile Families Baseline (FFBL)
- The Fragile Families Follow-up (FFFU)

Each of these surveys is regularly administered to adolescents, has publicly available data sets (i.e., for the purpose of establishing comparison statistics for specific questions), and has been translated into Spanish. Additionally, with the exception of the Fragile Families Main Survey, some comparison statistics are already available for these surveys in the *Sourcebook of Comparison Data for Evaluating Adolescent Pregnancy and Prevention Programs* (Carley et al., 2000).

Abt and OAPP also worked jointly to develop several items that could not be found in preexisting surveys. Where this occurred, the items were written in a manner that reflected the language level and tone of the items drawn from the other preexisting surveys.



## **Crosswalk tables to other national data collection instruments**

The following tables detail the original source for each of the questions selected for the instruments. The items are grouped by the primary domains of interest identified through the development process:

- Healthy Mothers
- Healthy Infants
- Stronger Families
- Productive Futures

Instrument Key:

- NSFG = National Survey on Family Growth
- Add = National Longitudinal Survey of Adolescent Health
- YAS = Youth Asset Survey
- NIS = National Immunization Survey
- FFBL = Fragile Families Baseline
- FFFU = Fragile Families Follow-up

**Core Domain:  
Healthy Infants**

<b>AFL Instrument &amp; Question Numbers</b> B = Baseline Pregnant Clients BC = Baseline Parenting Clients F = Follow-up # = Question number			<b>Relevant Indicator</b>	<b>How Quantified</b>	<b>Referent Period</b>	<b>Source Instruments</b> (NSFG unless otherwise indicated)	<b>Question(s)</b>
<b>Birth Weight</b>							
	BC	F	Birth weight	<> 5.5 lbs	Last		BD4
<b>Gestational Age</b>							
	BC	F	If DK , gestational age	<> 36 wks	Last		BC-6, BC-7
<b>Delivery</b>							
	BC	F	Pregnancy outcome(s)	Cesarean Birth Vaginal Birth	Last		BC-1
<b>Immunizations</b>							
	BC	F	Has baby received immunizations	Yes/No	By 3 mos	NIS	-
<b>Well-Baby Check-ups</b>							
	BC	F	Child doctors visit	Number of weeks ago	Last	FFFU	B5 (mod)
	BC	F	Number of “Well Baby” check-ups	Never, 1-3 times, > 4times	Since Birth	FFFU	B6
<b>Breast Feeding</b>							
	BC	F	Breastfed infant at all?	Yes/No	Last		BH-1
	BC	F	How old infant when stopped breast-feeding	Days/Weeks/Months	Last		BH-5

**Core Domain:**  
Healthy Infants

AFL Instrument & Question Numbers B = Baseline Pregnant Clients BC = Baseline Parenting Clients F = Follow-up # = Question number			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
Safe/Stable Home Environment							
	BC	F	Infant living w/respondent	Yes/No	Last		BG-1
	BC	F	Infant living w/others	Biologic father Other relative Adoptive Family Other	Last		BG-5 (mod)
	BC	F	Child(ren) in child care	Yes/No	Past 4 weeks		IG-1
	BC	F	Primary child care provider	Other parent Child's sibling 13+ Child's sibling <13 Grandparent Other relative Non-relative Day care center AFC Program Nursery/Preschool Family Daycare Head Start Kindergarten /School Before/after-school care Child alone Other	Past 4 weeks		IG-2(mod)
	BC	F	Intensity of child care – all providers	Total all provider hours/week	Typical – past 4 weeks	FFFU	B21a

**Core Domain:**  
**Healthy Mothers**

<b>Target Indicator</b>			<b>Relevant Indicator</b>	<b>How Quantified</b>	<b>Referent Period</b>	<b>Source Instruments</b> (NSFG unless otherwise indicated)	<b>Question(s)</b>
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
<b>Pregnancy Complications</b>							
	BC	F	Pregnancy outcome	Cesarean Birth Vaginal Birth	Last		BC-1
	BC	F	If DK , gestational age	< 36 wks	Last		BC-6, BC-7
<b>Reproductive Health</b>							
B	BC	F	Received reproductive health care: Pregnancy test Abortion Pap smear Pelvic Prenatal care Postnatal care STD test/treatment	Yes/No	Past 12 mos		FA-3a FA-3b FA-3c FA-3d FA-3e FA-3f FA-3g
<b>Postpartum Care</b>							
	BC	FU	Received reproductive health care: Pap smear Pelvic Postnatal care STD test/treatment	Yes/No	Past 12 mos		FA-3c FA-3d FA-3f FA-3g

Core Domain: Stronger Families							
Target Indicator			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
Family /Marriage Values							
B	BC	F	Better married than single	Agree->disagree	Current		IH-1
Father (figure) Involvement							
B	BC	F	Agreement w/father re: child support, alimony, custody, visitation or where child lives	Yes/No	Last		BG-6
B	BC	F	Living w/baby's father	Yes/no (Demographics)	Last		EG-18a/b
B	BC	F	Father provide money for baby needs	Yes/No	Current	FFBL	B16
B	BC	F	Father provide transportation/help w/chores	Yes/No	Current	FFBL	B17
Mother's Parenting Skills / Knowledge of Child Development							
	BC	F	Parenting activities: Play games Sing songs Read stories Tell stories Play with manipulatives Visit relatives with child Show physical affection Put child to bed	Events/week	Current	FFFU	B18a-h
B	BC	F	Feel trapped by responsibilities	Agree->disagree	Current	FFFU	B20b(mod)

Core Domain: Stronger Families							
Target Indicator			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
	BC	F	Parenting is more work than pleasure	Agree->disagree	Current	FFFU	B20c(mod)
	BC	F	Parenting as a positive experience	Agree->disagree	Current	Original	-
Social Network/Other Personal Supports							
B	BC	F	WIC/TANF, Food Stamps, Medicaid, etc.	Yes/No Demographics	Current	Original	-
B	BC	F	How often talk w/mother father (household adult) re problems	Never -> Always	Current	YAS	4
B	BC	F	Respondent stays away from people who get into trouble	Never -> Always	Current	YAS	11
Adoption							
	BC	F	Infant living w/others	Biologic father Other relative Adoptive Family (mod: add Adoption agency) Other	Last		BG-5 (mod)
B	BC	F	Adoption as an option	Agree->disagree	Current	Original	-

Core Domain: Productive Futures							
Target Indicator			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
Positive Relationship							
B	BC	FU	How often talk w/mother father (household adult) re problems	Never -> Always	Current	YAS	4
B	BC	FU	Respondent stays away from people who get into trouble	Never -> Always	Current	YAS	11
Social Competency /Life Skills							
B	BC	FU	Should work for something if it is desired	Not like you -> Like you	Current	YAS	17
B	BC	FU	Makes decisions to help achieve goals	Not like you -> Like you	Current	YAS	18
Goal Setting/Future Aspirations							
B	BC	FU	How important to complete HS	Not important -> Important	Current	YAS	12 (mod)
B	BC	FU	Desire to go to college	Low -> High	Current	Add	38.1

Core Domain: Productive Futures							
Target Indicator			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
Knowledge of Birth Control /Pregnancy							
B	BC	FU	Last/current birth control method Abstinence Pill Condom Withdrawal Injectables Norplant Calendar method Other natural fam plan Diaphragm Female condom Foam Cervical cap Suppository Sponge IUD Patch Other	All categories above	Current		ED-6 (mod)



Core Domain: Productive Futures							
Target Indicator			Relevant Indicator	How Quantified	Referent Period	Source Instruments (NSFG unless otherwise indicated)	Question(s)
<b>B</b> = Baseline Pregnant Clients <b>BC</b> = Baseline Parenting Clients <b>F</b> = Follow-up <b>#</b> = Question number							
Reductions in Repeat Pregnancies Outside Committed Adult Relationship							
B	BC	FU	Relationship w/sexual partner	Married Engaged Living together Going steady Going out occasionally Just friends Just met Something else	Current		CI-15
B	BC	FU	Desire for future pregnancy	Yes/No	Prior to HS graduation		GA-1 (mod)
B	BC	FU	Desire for future pregnancy	Yes/No	Prior to Marriage		GA-1 (mod)

## Summary and next steps

The new core evaluation tool will provide grantees with an updated and systematic measurement tool that can demonstrate progress toward a core set of outcomes. It also will allow grantees to compare their results to other AFL Care and prevention programs and national norms, and help OAPP monitor and report grantee performance using a common set of indicators.

Initially OAPP will request aggregate tabulations of the data collected through the cross-site instrument. OAPP may, at some future point, design and implement a central data collection mechanism to allow for more sophisticated cross-site data analysis. OPA will work collaboratively with sites and national experts to design such a data collection analysis and reporting system. OAPP will also use national grantee conferences, listservs and workshops to encourage the dissemination of site-specific analysis of the data gathered through the core instruments.

## Appendix A:

### ADOLESCENT FAMILY LIFE (AFL) CARE PROGRAMS CLIENT INFORMED CONSENT AFL CARE CORE EVALUATION INSTRUMENTS

**PROTOCOL TITLE:** AFL Care Core Evaluation Instruments  
**SPONSOR:** Department of Health and Human Services  
Office of Population Affairs  
Office of Adolescent Pregnancy Programs

**AFL Care Program Director:** INSERT NAME

#### DESCRIPTION OF AFL CARE CORE EVALUATION

We are asking you to answer a set of questions created for sites that provide services like the ones you get here at **PROGRAM NAME**. This is being done as part of our involvement with the Office of Population Affairs, Adolescent Family Life Care Program. This information will be used to help improve programs like ours.

You are being asked to participate in this survey because you are a client of this program. If you do participate in the survey, you will be asked to answer some questions. The questions will be about your goals, relationships with friends and family, feelings about marriage and sex, as well as the use of alcohol and drugs.

#### SURVEY PROCEDURES

Answering these questions should take about 30 minutes. Most of the questions are multiple choice. This is not a test. There are no right or wrong answers. If you prefer, you can have the questions read to you instead of reading them yourself.

All of the answers you provide are confidential. We will not include any information with these surveys that will allow anyone outside the program evaluation staff to know which answers are yours.

- Participating in this survey is voluntary. You do not have to agree to participate in order to get services here or anywhere else. You can also decide to skip any questions that you do not want to answer. You may stop at any time. If you choose to participate in any part of the survey, you will receive **Insert Site Incentive, e.g. gift certificate, voucher – Do not use Cash - Value not to exceed \$10.**

#### POTENTIAL BENEFITS OF PARTICIPATION

- The survey could help service providers here learn about ways to improve your services.

## **POTENTIAL RISKS OF PARTICIPATION**

- Some of the questions may seem personal or make you feel uncomfortable. If this is upsetting, you may stop the survey at any time.
- If it feels like the survey is taking too long, you are getting tired, or if for any other reason you wish to stop, you may do so at any time.
- The survey is confidential. We may want to share the results of the survey with other people who worked on the survey and the funding agency. There will not be any information letting anyone outside the program evaluation staff know which answers are yours.

## **CONFIDENTIALITY**

All of the answers that you give as part of this survey will be kept private. They will only be available to people involved with the project, except when required by law. There are two exceptions: 1) if you reveal that you are a danger to yourself or others; or 2) if you reveal abuse committed against a child. In either of these cases, we must report it to the appropriate authorities.

By signing this form you are allowing other people who work on the survey to see the answers to the survey. No one outside the program evaluation staff will know that the information is about you.

## **VOLUNTARY PARTICIPATION/WITHDRAWAL**

Whether or not to participate in this survey is your choice. You can decide to stop the survey after you start. Participating in the survey will not affect your services here or anywhere else. If you have any questions about this survey, you can contact the Program Project Director at **INSERT PROJECT DIRECTOR NAME AND CONTACT INFO**. If you have any questions about protecting your privacy on this survey, please call **INSERT LOCAL IRB LIASION NAME AND CONTACT INFO**. Phone calls to area codes outside your own may involve toll charges.

## **CONSENT**

By signing this consent form, you are letting us know that you have read it and asked any questions you have about participating in the survey. Signing this form will not affect your receiving services here or anywhere else. You will receive a signed copy of this consent.

Signing below means that you agree to participate in this survey.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider's Printed Name Date

## Appendix B:

### ADOLESCENT FAMILY LIFE (AFL) CARE PROGRAMS PARENT/GUARDIAN INFORMED CONSENT AFL CARE CORE EVALUATION INSTRUMENTS

**PROTOCOL TITLE:** AFL Care Core Evaluation Instruments  
**SPONSOR:** Department of Health and Human Services  
Office of Population Affairs  
Office of Adolescent Pregnancy Programs

**AFL Care Program Director:** INSERT NAME

#### DESCRIPTION OF AFL CARE CORE EVALUATION

We are inviting your child to be part of an evaluation of PROGRAM NAME as part of our involvement with the Office of Population Affairs, Adolescent Family Life Care Program. This information will be used to help improve programs like ours.

If you agree to allow your child to participate, they will be asked to complete a questionnaire about their goals, relationships with friends and family, feelings about marriage and sex, as well as the use of alcohol and drugs.

#### SURVEY PROCEDURES

Answering questions should take about 30 minutes. Most of the questions are multiple choice. This is not a test. There are no right or wrong answers. If your child prefers, they can have the questions read to them instead of reading the questions themselves.

All of the answers provided are confidential. We will not include any information with these surveys that will allow anyone outside the program evaluation staff to know which answers are your child's.

- The questionnaire is voluntary. You do not have to agree to allow your child to take the questionnaire in order for them to get services here or anywhere else.
- Your child will also be asked if they are willing to voluntarily participate in the survey.
- In order for your child to complete the questionnaire BOTH you and your child must agree to participate.
- If your child does participate in the questionnaire, they may decide to skip any questions that they do not want to answer. They may stop at any time. If they do participate in any part of the survey, they will receive [Insert Site Incentive, e.g. gift certificate, voucher – Do not use Cash - Value not to exceed \$10.]

## **POTENTIAL BENEFITS OF PARTICIPATION**

- The survey could help service providers here learn about ways to improve your child's services.

## **POTENTIAL RISKS OF PARTICIPATION**

- Some of the questions may seem personal or make your child feel uncomfortable. If they find the questionnaire upsetting, they may stop the survey at any time.
- If your child feels like the survey is taking too long, gets tired, or if for any other reason they want to stop, they may do so at any time.
- The survey is confidential. We may want to share the results of the survey with other people who worked on the survey and the funding agency. There will not be any information letting anyone outside the program evaluation staff know which answers are your child's.

## **CONFIDENTIALITY**

All of the answers that are given as part of this survey will be kept private. They will only be available to people involved with the project, except when required by law. There are two exceptions: 1) if your child reveals that they are a danger to them self or others; or 2) if they reveal abuse committed against a child. In either of these cases, we must report it to the appropriate authorities.

By signing this form you are allowing other people who work on the survey to see the answers to the survey. No one outside the program evaluation staff will know that the information is about your child.

## **VOLUNTARY PARTICIPATION/WITHDRAWAL**

Whether or not to participate in this survey is completely up to you and your child. Your child can decide to stop the survey after they start. Participating in the survey will not affect your child's services here or anywhere else. If you have any questions about this survey, you can contact the Program Project Director at **INSERT PROJECT DIRECTOR NAME AND CONTACT INFO**. If you have any questions about protecting your privacy on this survey, please call **INSERT LOCAL IRB LIAISON NAME AND CONTACT INFO**. Phone calls to area codes outside your own may involve toll charges.

## **CONSENT**

By signing this consent form, you are letting us know that you have read it and asked any questions you have about participating in the survey. Signing this form will not affect your child's receiving services here or anywhere else. You will receive a signed copy of this consent.

Signing below means that you agree to participate in this survey.

\_\_\_\_\_  
Your Child's Name

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Printed Name      Date

\_\_\_\_\_  
Service Provider's Signature      Date

\_\_\_\_\_  
Service Provider's Printed Name      Date